

Division of Tuberculosis Control
Newcomer Health Program
Guidelines to Completing the Refugee Health Assessment

Mission Statement: Protecting the public's health by empowering VDH health districts to provide thorough initial health assessments to all new refugees entering the Commonwealth.

Objective: To identify and eliminate health related barriers to successful resettlement of Virginia's refugee population while protecting the health of the U.S. population.

Guidelines to complete the Refugee Health Assessment Form

Working through the Refugee Health Assessment form.

- Write in the district that is providing the health assessment. This is required so that the program can reimburse the appropriate district for services rendered.
- Write in the date the health assessment is provided. This is necessary to invoice correctly for services rendered on the date the services were rendered.

Note: When choosing answers to elements on the assessment form, choose one that most closely answers the element. The database does not allow for writing in a choice other than the choices provided. The format and form is designed for data entry, data collection, and invoicing for the services provided by the district.

LEVEL I is the required minimum.

Level I *includes* a risk assessment and nurse evaluation for tuberculosis (TB) disease and /or latent TB infection (LTBI). Use of the VDH TB Risk Assessment is encouraged. A tuberculin skin test (TST) should always be done in the U.S. and read by a health department professional. A TST is not usually done overseas or if done, the tuberculin is a different strength than that used in the U.S. If the refugee is symptomatic for disease *and/or* the TST is 10 mm or greater, a chest x-ray should be done in the U.S., and the refugee should be evaluated for tuberculosis disease by a qualified physician. The local health district under its TB clinic provides therapy for any refugee with suspected or confirmed TB disease or LTBI.

Note: If a chest x-ray is indicated or the refugee is symptomatic, your district will be providing nurse case management. *Be sure to circle “YES” to the first question in LEVEL IV.*

LEVEL I is reimbursed at \$60.00 DTC provides no further reimbursement for this evaluation.

Language Needs

- Write in the refugee’s primary language (first language), *other* than English.
- Document if an interpreter was needed to conduct this assessment.
- Answer YES or NO if an interpreter was necessary to complete the assessment.
- If “NO” go on to LEVEL II.
- If “YES”, be sure to answer the next three questions
- Document YES or NO if a **competent*, trained interpreter was available to conduct this assessment. If available we assume that the interpreter is used, so document as such.
- Indicate YES or NO if a family member or friend assisted with the interpretation.

** Definition of Competent as it refers to interpreter:*

According to Title VI of the Civil Rights Act of 1964, 42 U.S.C Section 2000det.seq., the competency requirement contemplates demonstrated proficiency in both English and the other language, orientation and training that includes the skills and ethics of interpreting (e.g. issues of confidentiality), fundamental knowledge in both languages of any specialized terms (e.g. medical, health, etc.), or concepts peculiar to the recipient covered entity’s program or activity, sensitivity to the person’s culture and a demonstrated ability to convey information in both languages, accurately.

This completes LEVEL I.

LEVEL II

Refugees are evaluated for diseases of public health significance prior to their departure to the United States. Upon arrival into the U.S. the refugee is expected to undergo a more comprehensive health assessment; with the objective being to identify any condition that may impede their successful resettlement or to identify any conditions of public health significance. LEVEL II includes a health history, a gross overall health assessment, inspection, and a review of the refugee's immunization status.

All VDH health districts are encouraged to complete LEVEL II. Evaluation of diseases or conditions of public health significance falls under the purview of the public health department.

That refugees receive their required immunizations soon after arrival into the U.S. is another DOS and ORR objective that VOLAGs strive to meet.

For compensation ALL areas in Level II must be addressed and answered appropriately as in "YES, NO, Done, or NA".

- Review the refugee's health history and indicate if within normal limits or not.
- Question if the refugee has any health problems currently. Conduct a gross physical inspection, assessment, and indicate if within normal limits or not. Note physical scars due to traditional medicine, war or other injury, or torture. Urinary tract infections can be common in refugee women that have been circumcised.
- Perform a gross vision and hearing inspection. Using a Snellen eye chart for a gross vision and a whisper or fabric rub for hearing is acceptable. Indicate if grossly within normal limits or not.
- Perform an oral and dental gross inspection. Indicate if grossly within normal limits or not.
- If a STD is indicated on the refugee's overseas medical examination, provide follow up testing as indicated. Refugee men and women that have been in war torn areas or have spend long periods in refugee camps may be victims of rape or otherwise

sexually active, they should be assessed for STDs. Women should be referred to Prenatal or Family Planning Clinics as appropriate.

- Check height and weight, and determine if grossly appropriate for age and sex or not. Malnutrition is very common in refugees. WIC referrals should be made for children and women. Many refugee children will have high lead levels.
- Provide either a hemoglobin or hematocrit, and determine if the result is appropriate for age and sex. State YES or NO. If “NO”, a referral for follow up is expected in Level IV. Africans, Middle Eastern, and Asian refugees should have blood work done for hemoglobinopathies. A sickle cell screen is generally collected and refugee is written on the lab slip. It is sent to DCLS for processing.
- If age 5 years or more, check blood pressure and determine if grossly within limits or not.

Review the refugee’s immunization history, using the Advisory Committee on Immunization Practices (ACIP) recommendations update the refugee’s immunizations starting as soon as possible.

- If any immunizations are needed in order to update status indicate, “YES” for the appropriate immunization. At this visit it is wise to begin providing any needed immunizations to the refugee and then refer the refugee for follow up through the local immunization clinics. *Updating immunizations is very important to the refugee.* Once the refugee is in the U.S. one year s/he must adjust their status with the USCIS and they *must* by law, have been immunized against all vaccine preventable diseases. It is helpful to stress this fact to the refugee and the sponsor. All refugees should be encouraged to keep their immunization record in a safe place.
- If the refugee is from Africa, Asia, Near or Middle East, and at times the former Soviet States, screening for Hepatitis B is indicated. LHDs may use the same form and method for this screening as they use in prenatal clinics. **BE SURE TO WRITE “REFUGEE” ACROSS THE LAB SLIP.**
- If the refugee is from the above listed areas, it is recommended to obtain at least two stool specimens. Again, use the DCLS lab slip and **BE SURE TO WRITE “REFUGEE” ACROSS THE LAB SLIP.**

Note: Long-term care, hospitality or food services are areas where the new refugees will usually find first employment in the U.S. therefore explaining the need to collect stool specimen is good sound public health practice. It may also be challenging due to language and culturally differences.

- If this refugee is a female, please indicate if this refugee is currently pregnant or not. Then refer the refugee for prenatal care or family planning clinics, explaining the importance for breast examination and a pap smear.
- Lastly, grossly assess the general mental health status, and indicate if you assess that it is within normal limits or not. Mental health needs may not manifest early in the resettlement process but if on assessment the nurse or other clinician notes a need for mental health services the refugee can be referred to the local Community Service Boards (CSB) or in Northern Virginia to the Center for Multicultural Human Services.

LEVEL II is now complete.

If any part of this gross assessment is NOT with normal limits, a medical referral for follow up is indicated in LEVEL IV. For LEVEL I & II, the reimbursement is \$179.50 if age less than 11 and \$220.50 if age 11 or over. To receive reimbursement for Level II, Level I must also be completed.

LEVEL III

A public health nurse, nurse practitioner, physician's assistant, or a MD may complete this portion of the refugee health assessment. Each of these disciplines has patient assessment skills. The public health nurse will refer patients with unusual or abnormal sounds or findings for follow up by a local clinic or community physician.

Listening to the heart (rate and rhythm) and lungs must be provided for compensation of this LEVEL.

The assessment does not ask for a diagnosis but does assume that a refugee with any abnormal sounds or findings will be referred to a local physician for follow up as appropriate. The refugee more often than not will be eligible for refugee Medicaid and this will help to defray the cost of these medical referrals.

- Circle either done or not done to answer the first question
- Determine the refugee's age and perform only the areas that are appropriate for the refugee's age, no more, no less

Level III can be reimbursed only if Level II and I are also completed.

For Levels I, II, and III, the reimbursement is \$198.00 for age less than 11 and \$255.00 if age 11 or over.

LEVEL IV

Many refugees require some level of case management by a public health nurse and so Level IV was designed to not only to capture these data but also to reimburse health districts for the knowledge and skill required to perform this case management.

Level IV captures the need for Public Health Nurse Case Management. For many refugees some level of nurse case management is necessary and compensation for providing this case management is appropriate. *Here the findings in the previous three Levels are reviewed and referral for any identified need is circled "YES".* Most refugees are eligible for refugee Medicaid for eight months and so usually have a payment source for needed medical follow up.

- Please read carefully and answer YES or NO for #1 through 15

Level IV is reimbursed at \$86.50

Return completed forms *as soon as possible* to the Refugee Health Program. This allows timely and appropriate payment to be made to your health district.

DTC / Refugee Health Program
James Madison Building, 1st floor
109 Governor St.
Richmond, Va. 23219

Reimbursement cannot be made if assessment forms are received more than one year after the date of the health assessment

VDH Central Office Program Contact Information

VDH Refugee and Immigrant Health Program
James Madison Building, 1st floor
109 Governor St.
Richmond, Va. 23219

Main phone line: 804-864-7910

Fax number: 804-864-7913

Coordinator's phone line: 804-864-7911

The assessment form serves as both an invoice tool and health data collection tool, please complete appropriately and accurately. The Newcomer Health Program can reimburse Health Districts only. The program cannot reimburse private physicians or non health department clinics. However, a health district may choose to contract with a health provider to provide the health assessment. If a district chooses to contract with a health provider the districts also accepts responsibility for reimbursing their contractor.

**PLEASE RETURN FORM TO VDH/RHP AS SOON AS POSSIBLE AFTER
HEALTH ASSESSMENT IS COMPLETED
Reimbursement Can Only Be Made With Proper Documentation**

**Forms received one year or more after the assessment date
will be returned and the district will not be paid for the services provided.**